#### Case 24-22901-CMB Doc 18 Filed 12/26/24 Entered 12/26/24 11:25:32 Desc Main Document Page 1 of 48

Fill in this infor	mation to identify your	case:	.,	
Debtor 1	Kristi S Schneide	r		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT C	OF PENNSYLVANIA	
_	24-22901			_
(if known)				☐ Check if this is amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

	ormation. Fill out all of your schedules first; then complete the information on this form. If you are filing ur original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	amended sch	edules after you file
Pa	art 1: Summarize Your Assets		
			ur assets ue of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$ <sub>.</sub>	240,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	42,165.66
	1c. Copy line 63, Total of all property on Schedule A/B	\$	282,165.66
Pa	art 2: Summarize Your Liabilities		
			ur liabilities ount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule.	ule D \$ <sub>_</sub>	320,958.57
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	8,593.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	······ \$ <u>.</u>	101,697.00
	Your total lia	bilities \$	431,248.57
Pa	art 3: Summarize Your Income and Expenses		_
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ <sub>.</sub>	6,263.34
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$ _	3,117.00
Pa	art 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court	with your othe	r schedules.
7.			
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primar purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	ily for a person	al, family, or household
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Che court with your other schedules.	ock this box and	submit this form to the

### Case 24-22901-CMB Doc 18 Filed 12/26/24 Entered 12/26/24 11:25:32 Desc Main Document Page 2 of 48

Debtor 1 Kristi S Schneider Case number (if known) 24-22901

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$

\$\_\_\_\_\_8,584.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$8,593.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. <b>Total.</b> Add lines 9a through 9f.	\$8,593.00

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			Document	Page 3 of 48			
Fill in this infor	mation to identify	your case and	this filing:				
Debtor 1	Kristi S Sch						
Debtor 2	First Name	Midd	lle Name	Last Name			
(Spouse, if filing)	First Name	Midd	lle Name	Last Name			
United States Ba	ankruptcy Court for	the: WESTER	N DISTRICT OF PENN	ISYLVANIA			
Case number	24-22901						☐ Check if this is an
				_			amended filing
	<u>rm 106A/E</u>	-					
<u>Schedul</u>	e A/B: Pı	roperty					12/15
nformation. If mor Answer every ques	re space is needed, a stion.	attach a separate s	sheet to this form. Ôn th	le are filing together, both are e top of any additional pages vn or Have an Interest In			
<ul><li>✓ Yes. Where</li><li>1.1</li><li>1020 Jeffe</li></ul>	is the property? erson Heights F	Road	What is the propert	•			ms or exemptions. Put
Street address,	if available, or other des	cription	Condominium	lti-unit building or cooperative		nount of any secured claims on <i>Sche</i> ors Who Have Claims Secured by Pr	
Pittsburgl	h PA	15235	☐ Manufactured ☐ Land	or mobile home	Current valu		Current value of the portion you own?
City	State	ZIP Code	☐ Investment pr☐ Timeshare	operty	\$240,	\$240,000.0	\$240,000.00
			Other Who has an interes	t in the property? Check one	Describe the nature of your ownership (such as fee simple, tenancy by the er a life estate), if known. Fee Simple		
Allegheny	/		☐ Debtor 1 only☐ Debtor 2 only		1 00 01111		
County			□ Debtor 1 and	Debtor 2 only f the debtors and another	☐ Check if (see instru		nunity property
			Other information y property identificati	ou wish to add about this iter on number:	n, such as loca	il	
				from Part 1, including any		:>	\$240,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Deb	otor 1	Kristi S Schn	eider		Case number (if known)	24-22901			
3. (	Cars, va	ns, trucks, trac	tors, sport utility ve	ehicles, motorcycles					
	] No ] Yes								
3.1	Make: Model	<u> </u>		Who has an interest in the property? Check one ☑ Debtor 1 only	the amount of an	cured claims or exe y secured claims or ave Claims Secured	Schedule D:		
		2021 ximate mileage: information:	34000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value o entire property?		value of the you own?		
				☐ Check if this is community property (see instructions)	\$22,00	0.00	\$22,000.00		
5 <b>A</b>	4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No ☐ Yes  Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here								
Part	3: Desc	cribe Your Persor	nal and Household It	ems					
Do	you owr	or have any le	egal or equitable int	erest in any of the following items?		<b>portion yo</b> Do not ded	alue of the ou own? duct secured exemptions.		
	<i>≣xamples</i> ⊒ No	old goods and f s: Major appliand Describe	ces, furniture, linens,	nousehold goods and furnishings, no c	one item		\$3,000.00		
E	⊴ No	s: Televisions an		eo, stereo, and digital equipment; computers, p edia players, games	rinters, scanners; music	collections; electr	onic devices		
E	Examples ☑ No		figurines; paintings, <sub>l</sub> ns, memorabilia, col	prints, or other artwork; books, pictures, or othe lectibles	er art objects; stamp, coi	n, or baseball car	d collections;		
E	Examples ☑ No	musical instru	graphic, exercise, an	d other hobby equipment; bicycles, pool tables	s, golf clubs, skis; canoes	s and kayaks; car	pentry tools;		
10	<del></del>	Describe							
፟	☑ No É		, shotguns, ammunit	ion, and related equipment					
	] No ·		thes, furs, leather co	pats, designer wear, shoes, accessories					
Ľ	A 169.	DE30110E	miscellaneous v	vearing apparel			\$100.00		

Official Form 106A/B

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Debtor 1	Kristi S Schneid	der			Case number (if known)	24-22901
☐ No	•	y, costume	jewelry, engageme	ent rings, wedding rings, heirloom	n jewelry, watches, gems, ç	gold, silver
		iscellane	ous costume je	welry		\$1,500.00
<i>Exam</i> ⊠ No	farm animals  ples: Dogs, cats, birds  Describe	s, horses				
⊠ No	other personal and h . Give specific inform		items you did not	already list, including any hea	lth aids you did not list	
				B, including any entries for pag	es you have attached	\$4,600.00
Part 4: De	escribe Your Financial	Assets				
Do you o	wn or have any legal	or equital	ole interest in any	of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
⊠ No □ Yes. 17. <b>Depo</b> Exam	ples: Money you have sits of money ples: Checking, saving institutions. If yo	gs, or other	financial accounts	s; certificates of deposit; shares in the same institution, list each.		
⊠ Yes.				Institution name:		
	1	7.1. <b>Che</b>	cking	PNC Bank		\$2,245.15
	1	7.2. <b>Che</b>	cking	USAA		\$6.00
<i>Exam</i> ⊠ No	ls, mutual funds, or pples: Bond funds, inve	estment acc		age firms, money market account e:	s	
and jo ⊠ No	oint venture			ted and unincorporated busine	sses, including an intere	st in an LLC, partnership,
☐ Yes.	. Give specific inform	nation abou Name of			% of ownership:	
Negot Non-r ⊠ No	tiable instruments incl	ude person are those	al checks, cashiers you cannot transfe them	ole and non-negotiable instrum be checks, promissory notes, and r to someone by signing or delive	money orders.	
<i>Exam</i> ⊠ No	. List each account se	counts ERISA, Ke	ogh, 401(k), 403(b	o), thrift savings accounts, or othe	er pension or profit-sharing	plans

Official Form 106A/B Schedule A/B: Property page 3

### Case 24-22901-CMB Doc 18 Filed 12/26/24 Entered 12/26/24 11:25:32 Desc Main Document Page 6 of 48

De	ebtor 1	Kristi S Schnei	der			Case number (if known)	24-22901
	Your sl <i>Examp</i> ☑ No		eposits you have i	made so that you may cor iid rent, public utilities (ele Institution i			nies, or others
	Annuit ⊠ No □ Yes	•	a periodic paymen r name and descr	t of money to you, either f	or life or for a numbe	r of years)	
		C. §§ 530(b)(1), 529	A(b), and 529(b)(	at in a qualified ABLE pro		•	
	_				·	· ,	ercisable for your benefit
	🛛 No	Give specific inform	_				•
	<i>Examp</i> ⊠ No		names, websites	crets, and other intellec, proceeds from royalties and in		nents	
	<i>Examp</i> ⊠ No	ses, franchises, and les: Building permits Give specific inforr	s, exclusive licens	es, cooperative association	n holdings, liquor lice	enses, professional licens	es
М	oney or p	property owed to y	ou?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	⊠ No	funds owed to you		including whether you alre	eady filed the returns	and the tax years	
	Examp ⊠ No	/ support  les: Past due or lum  Give specific informa		oousal support, child supp	ort, maintenance, div	vorce settlement, property	settlement
	<i>Examp</i> ⊠ No	, , ,	disability insurand d loans you made	e payments, disability ber to someone else	nefits, sick pay, vacat	ion pay, workers' compe	ensation, Social Security
	<i>Examp</i> ⊠ No		y, or life insurance	e; health savings account	(HSA); credit, homeo	wner's, or renter's insurar	nce
	∐ Yes. I	Name the insurance	company of each Company name	policy and list its value. :	Benefic	iary:	Surrender or refund value:
	If you a someo ⊠ No		f a living trust, exp	om someone who has d pect proceeds from a life in		re currently entitled to rec	eive property because
33.	<i>Examp</i> □ No		loyment disputes, im	ot you have filed a laws insurance claims, or right	s to sue		
				nterclaim against Mark for breach of contrac		ayer contracting	\$11.869.51

Official Form 106A/B Schedule A/B: Property page 4

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Debt	or 1 Kristi S Schneider			Case number (if known)	24-22901
		claim for security deposi Estate	it against former	landlord, K & S Real	\$1,445.00
$\boxtimes$	Other contingent and unliquidated No Yes. Describe each claim	l claims of every nature, inclu	ding counterclaims	of the debtor and rights	to set off claims
25	Any financial access you did not a	Iroadu liat			
$\boxtimes$	Any financial assets you did not a   No   Yes. Give specific information	rready list			
	Add the dollar value of all of your for Part 4. Write that number here				\$15,565.66
Part 5	5: Describe Any Business-Related Pro	operty You Own or Have an Interes	st In. List any real esta	ate in Part 1.	
$\boxtimes$	<b>Do you own or have any legal or equital</b> No. Go to Part 6. Yes. Go to line 38.	ole interest in any business-related	d property?		
Part 6	6: Describe Any Farm- and Commerci If you own or have an interest in farm		Own or Have an Interes	st In.	
	Do you own or have any legal or e ☑ No. Go to Part 7. ☑ Yes. Go to line 47.	quitable interest in any farm-	or commercial fishi	ing-related property?	
Part 7	7: Describe All Property You Own	n or Have an Interest in That You [	Did Not List Above		
	Do you have other property of any Examples: Season tickets, country cl No Yes. Give specific information	ub membership	?		
54.	Add the dollar value of all of your	entries from Part 7. Write that	t number here		\$0.00
Part 8	B: List the Totals of Each Part of the	nis Form			
55.	Part 1: Total real estate, line 2				\$240,000.00
56.	Part 2: Total vehicles, line 5	_	\$22,000.00		
57.	Part 3: Total personal and househ	ıold items, line 15	\$4,600.00		
	Part 4: Total financial assets, line		\$15,565.66		
59.	Part 5: Total business-related pro	perty, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-rela	ated property, line 52	\$0.00		
61.	Part 7: Total other property not lis	sted, line 54 + _	\$0.00		
62.	Total personal property. Add lines	56 through 61	\$42,165.66	Copy personal property t	otal <b>\$42,165.66</b>
63.	Total of all property on Schedule	<b>A/B</b> . Add line 55 + line 62			\$202.465.66

Official Form 106A/B Schedule A/B: Property page 5

\$282,165.66

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Fill in this info					
Debtor 1	Kristi S Schneide	r			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		WESTERN DISTRICT C	OF PENNSYLVANIA		
Case number	24-22901				☐ Check if this is an
					amended filing

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U	.S.C. § 522(b)(3)					
	∑ You are claiming federal exemptions. 1	1 U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.					
	1020 Jefferson Heights Road,	\$240,000.00	$\boxtimes$	27123.85	11 U.S.C. § 522(d)(1)				
	Pittsburgh, PA 15235 Allegheny County Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2021 Subaru Outback 34000 miles	\$22,000.00	$\boxtimes$	\$4,500.00	11 U.S.C. § 522(d)(2)				
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit					
	miscellaneous household goods and	\$3,000.00	$\boxtimes$	\$3,000.00	11 U.S.C. § 522(d)(3)				
	furnishings, no one item valued in excess of \$700 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					
	PNC Bank	\$2,245.15		\$2,245.15	11 U.S.C. § 522(d)(5)				
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit					
	USAA	\$6.00	$\boxtimes$	\$6.00	11 U.S.C. § 522(d)(5)				
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit					

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Debtor	1 <u>Kr</u>	sti S Schneider	Case number (if known)	24-22901
3. <b>A</b> r	e you	claiming a homestead exemption of more than \$189,050?		
(S	ubject t	o adjustment on 4/01/25 and every 3 years after that for cases filed on or	after the date of adjustment.)	
$\boxtimes$	No			
	Yes.	Did you acquire the property covered by the exemption within 1,215 days	before you filed this case?	
		No		
		Yes		

### Case 24-22901-CMB Doc 18 Filed 12/26/24 Entered 12/26/24 11:25:32 Desc Main

	Document Page	10 01 48		
Fill in this information to identify ye	our case:			
Debtor 1 Kristi S Schne	ider			
First Name	Middle Name Last Nam	е	-	
Debtor 2 (Spouse if, filing) First Name	Middle Name Last Nam	ne.	-	
(Species II, IIIIIg)		•		
United States Bankruptcy Court for th	e: WESTERN DISTRICT OF PENNSYLVA	NIA	-	
Case number <b>24-22901</b>				
(if known)				if this is an
			ameno	led filing
Official Form 106D				
	s Who Have Claims Secu	rad by Pranart	***	40/45
Schedule D. Creditor	5 Willo Have Claims Secu	red by Propert	. <u>y</u>	12/15
	e. If two married people are filing together, both a			
known).	out, number the entries, and attach it to this form.	On the top of any additiona	i pages, write your name	and case number (ii
1. Do any creditors have claims secured	by your property?			
☐ No. Check this box and submit	t this form to the court with your other schedule	es. You have nothing else	to report on this form.	
Yes. Fill in all of the informatio	n below.			
Part 1: List All Secured Claims		Column A	Column B	Column C
	s more than one secured claim, list the creditor sepanas a particular claim, list the other creditors in Part 2	ately	Value of collateral	Unsecured
	etical order according to the creditor's name.	Do not deduct the	that supports this	portion
2.1 M & T Bank Mortgage	Describe the manufactuation that accuracy the electron	value of collateral. \$300,769.00	s240,000.00	If any \$60,769.00
Creditor's Name	1020 Jefferson Heights Road,	Ψ300,703.00	Ψ240,000.00	Ψου, 1 ο σ. ο σ
5154.16. 57.44.115	Pittsburgh, PA 15235			
	Allegheny County			
PO Box 900	As of the date you file, the claim is: Check all th apply.	at		
Millsboro, DE 19966	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
<ul><li>☑ Debtor 1 only</li><li>☑ Debtor 2 only</li></ul>	☐ An agreement you made (such as mortgage of car loan)	or secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
☐ At least one of the debtors and another☐ Check if this claim relates to a	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) ☐ First M	ortgage		
community debt	, <u>, , , , , , , , , , , , , , , , , , </u>			
Date debt was incurred 12/27/2023	Last 4 digits of account number 32	98		
USAA Federal Savings				
2.2 Bank	Describe the property that secures the claim:	\$20,189.57	\$22,000.00	\$0.00
Creditor's Name	2021 Subaru Outback 34000 miles			
10750 McDermott	As of the date you file, the claim is: Check all the	J at		
Freeway San Antonio, TX 78288	apply. □ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
☑ Debtor 1 only	☐ An agreement you made (such as mortgage of	or secured		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	car loan) ☐ Statutory lien (such as tax lien, mechanic's lie	n)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit	,		
Check if this claim relates to a community debt	Other (including a right to offset)			
community dest				
Date debt was incurred 10/18/2024	Last 4 digits of account number56	44		
		****		
· ·	Column A on this page. Write that number here:	\$320,9	58.57	

וו נחוא is the last page of y Write that number here:

\$320,958.57

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Debtor 1	Kristi S Schneider			Case number (if known)	24-22901
	First Name	Middle Name	Last Name		

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

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Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7317 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Hat least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Part 2: List All of Your NONPRIORITY Unsecured Claims against you? Mho as the debt incurred?  When was the debt incurred? 2023  When was the debt incurred? 2023  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one. Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government debt or personal injury while you were intoxicated  Is the claim subject to offset? No Yes  Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.				Docun	<u>ient Page</u>	<u> 12 of 4</u>	18			
Debtor 2   First Name   Mode Name   Last Name   Last Name	Fill in	this info	rmation to identify your cas	se:						
Debtor 2   First Name   Mode Name   Last Name   Last Name	Dabta	1	Kristi C Cabasidar							
Dobbor 2   Spears It, Birg)   First Name   Middle Name   Last Name	Deblo	rı		Middle Name	Last Na	me				
United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA  Case number 24-22901  (If thrown)	Debto	r 2								
Case number 24-22901    Check if this is an amended filing			First Name	Middle Name	Last Na	me				
Case number 24-22901    Check if this is an amended filing										
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Is as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to resecutory contracts or unexpleted leases that could result in a claim. Also list securetory contracts on Schedule A/B: Property (Official Form 106AB) and on schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims. List the other party to research the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amen and case number (if known).  Part 3:  List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2:  Yes.  List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, is the claims in alphabetical order according to the creditor is ame. If you have nor ten that you priority unsecured claims, list of the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim priority unsecured claims is the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Internal Revenue Service  Priority creditor's Name  Priorit	United	d States B	Bankruptcy Court for the: <u>V</u>	VESTERN DISTRIC	T OF PENNSYLV	ANIA				
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Is as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to resecutory contracts or unexpleted leases that could result in a claim. Also list securetory contracts on Schedule A/B: Property (Official Form 106AB) and on schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims. List the other party to research the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amen and case number (if known).  Part 3:  List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2:  Yes.  List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, is the claims in alphabetical order according to the creditor is ame. If you have nor ten that you priority unsecured claims, list of the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim priority unsecured claims is the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Internal Revenue Service  Priority creditor's Name  Priorit	Cooo	numbor	24-22004							
Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15  Bas complete as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Aib: Property (Official Form 108A/B) and on included any creditors with partially secured claims that are listed in provided like 1: Every contracts on Schedule Aib: Property (Official Form 108A/B) and on included any creditors with partially secured claims that are listed in schedule 0: Everditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the fact Attach the Continuation Page to this page, If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your same and case number (if known).  Part 13: List All of Your PRIORITY Unsecured Claims against you?    No. Go to Part 2.			24-22901					☐ Check	if this is a	an
Schedule E/F: Creditors Who Have Unsecured Claims  as a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to greated the property (Official Form 1084) and on schedule 6: Executory Contracts or unspringed leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 1084) and on schedule D: Creditors With Part Claims Secured by Property. If it is executory contracts on Schedule AB: Property (Official Form 1084) and on schedule D: Creditors With Part Claims Secured Claims and case number (if known).  Part 31: List All of Your PRIORITY Unsecured Claims  1										
Schedule E/F: Creditors Who Have Unsecured Claims  as a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to greated the property (Official Form 1084) and on schedule 6: Executory Contracts or unspringed leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 1084) and on schedule D: Creditors With Part Claims Secured by Property. If it is executory contracts on Schedule AB: Property (Official Form 1084) and on schedule D: Creditors With Part Claims Secured Claims and case number (if known).  Part 31: List All of Your PRIORITY Unsecured Claims  1										
List all of Your PRIORITY Leisms and Part 2 for creditors with NONPRIORITY claims. List the other party to revective youthcasts or unsyriped leases that could result in a claim. Also list executory contracts on Shortwish Property (Ordical Form 1066). Do not include any creditors with partially secured claims that are listed in schedule D: Creditors Who Have Claims Secured by Property, if more space is needed, copy the Part you need, flux number the removes on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors whe ave priority unsecured claims against you?    No. Go to Part 2.   Si Yes.	<u>Offic</u>	<u>ial For</u>	<u>m 106E/F</u>							
Internal Revenue Service  Internal Revenue S	Sche	edule	E/F: Creditors Who	o Have Unse	cured Clain	าร			12/1	5
Internal Revenue Service  Internal Revenue S	Be as c	omplete a	nd accurate as possible. Use P	art 1 for creditors wit	h PRIORITY claims	and Part 2 fc	r creditors with NON	PRIORITY claims. Li	st the othe	er party to
schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.   Syes.										
eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).    Part 1:	Schedu	ıle G: Exec	cutory Contracts and Unexpired	l Leases (Official For	m 106G). Do not inc	lude any cre	ditors with partially s	ecured claims that a	re listed ir	ń
Do any creditors have priority unsecured claims against you?   No. Go to Part 2.   No. Go to Part 3.   No. Go to Part 4.   No.										
Part 1: List All of Your PRIORITY Unsecured Claims				f you have no inform	ation to report in a F	Part, do not f	ile that Part. On the t	p of any additional	pages, wri	te your
1. Do any creditors have priority unsecured claims against you?			,							
No. Go to Part 2.   Yes.										
<ul> <li>∑ Yes.</li> <li>2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.</li> <li>(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)</li> <li>Internal Revenue Service  Priority Creditor's Name  PO Box 7346  Philadelphia, PA 19101-7317  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and D</li></ul>		-	• •	aims against you?						
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Internal Revenue Service  Last 4 digits of account number  Priority Creditor's Name  PO Box 7346  Philadelphia, PA 19101-7317  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Type of PRIORITY unsecured claims:  Debtor 1 debtors and another  Demestic support obligations  Check if this claim is for a community debt  Is the claim subject to offset?  No  Yes  Part 2: List All of Your NONPRIORITY Unsecured Claims  Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. If more than one nonpriority unsecured claim. If more than no nonpriority unsecured claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more	_		Part 2.							
identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority instruction Page of Priority Creditor's Name Po Box 7346 Philadelphia, PA 19101-7317 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No yes  List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor sparately for each claim. For each claim listed, identify what type of claim, list the more than one nonpriority unsecured claims. For each claim listed, identify what type of claim, list the more than one nonpriority unsecured claim. If a creditor has more than one nonpriority unsecured claim, list the creditor sparately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more			ur priority unsecured claims. If	a creditor has more th	an one priority unsec	ured claim lis	at the creditor senarate	ly for each claim. For	each claim	listed
Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)    Total claim		-				,	•	,		,
Total claim   Priority amount   Priority Creditor's Name   PO Box 7346   Philadelphia, PA 19101-7317   Number Street City State Zip Code   Philadelphia, PA 19101-7317   Priority   Priority   Priority Street City State Zip Code   Philadelphia, PA 19101-7317   Priority   Priority Street City State Zip Code   Priority Street City Street City Street City State Zip Code   Priority Street City Street						more than tw	o priority unsecured cl	aims, fill out the Conti	nuation Pag	ge of
Internal Revenue Service   Last 4 digits of account number   \$8,593.00   \$8,593.00   \$0.00			·							
Internal Revenue Service	(F0	or an expia	ination of each type of claim, see	tne instructions for this	form in the instruction	n bookiet.)	Total claim	Priority	Nonprior	ritv
Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7317 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 debtor 3 only Debtor 4 the debtors and another Domestic support obligations At least one of the debtors and another Claims for death or personal injury while you were intoxicated Is the claim subject to offset? No Yes  When was the debt incurred?  As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Debtor 1 and Debtor 2 only Domestic support obligations Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government debt or personal injury while you were intoxicated  Is the claim subject to offset? No Other. Specify To40 tax  Part 2: List All of Your NONPRIORITY Unsecured Claims  Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.  List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more								•	•	•
PO Box 7346 Philadelphia, PA 19101-7317 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Part 2: List All of Your NONPRIORITY Unsecured claims against you? Do any creditors have nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in For each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more	2.1	Intern	al Revenue Service	Last 4 digit	s of account numbe	r	\$8,593.00	\$8,593.00		\$0.00
Philadelphia, PA 19101-7317 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claims Claims for a community debt Is the claim subject to offset? No Yes  Part 2: List All of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Hot Claims is: Check all that apply  Type of PRIORITY unsecured claim: Domestic support obligations  Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Is the claim subject to offset? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.  List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more		•					-	-		
Number Street City State Zip Code   As of the date you file, the claim is: Check all that apply   Who incurred the debt? Check one.   Contingent   Unliquidated   Debtor 1 only   Debtor 2 only   Disputed   Type of PRIORITY unsecured claim:   At least one of the debtors and another   Domestic support obligations   Taxes and certain other debts you owe the government   Claims for a community   Claims for death or personal injury while you were intoxicated   Is the claim subject to offset?   Other. Specify   Todo tax				When was	the debt incurred?	2023				
Who incurred the debt? Check one.										
Debtor 1 only			• •		•	n is: Check a	iii tnat appiy			
□ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Is the claim subject to offset? □ Other. Specify □ Other.	_	_								
□ Debtor 1 and Debtor 2 only			•							
At least one of the debtors and another		_	•	•						
Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify ☐ No ☐ Yes ☐ 1040 tax ☐ 1040			•			iaim:				
debt				_		41				
Is the claim subject to offset?  No Yes    Other. Specify   1040 tax	_		rthis claim is for a community							
No	ls	s the claim	subject to offset?		•	, , ,				
Part 2: List All of Your NONPRIORITY Unsecured Claims  3. Do any creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more		⊠ No	•		·				'	
<ul> <li>3. Do any creditors have nonpriority unsecured claims against you?         <ul> <li>No. You have nothing to report in this part. Submit this form to the court with your other schedules.</li> <li>Yes.</li> </ul> </li> <li>4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more</li> </ul>	L	_l Yes								
<ul> <li>3. Do any creditors have nonpriority unsecured claims against you?         <ul> <li>No. You have nothing to report in this part. Submit this form to the court with your other schedules.</li> <li>Yes.</li> </ul> </li> <li>4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more</li> </ul>										
<ul> <li>3. Do any creditors have nonpriority unsecured claims against you?         <ul> <li>No. You have nothing to report in this part. Submit this form to the court with your other schedules.</li> <li>Yes.</li> </ul> </li> <li>4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more</li> </ul>	Part 2	List	All of Your NONPRIORITY L	Insecured Claims						
<ul> <li>No. You have nothing to report in this part. Submit this form to the court with your other schedules.</li> <li>✓ Yes.</li> <li>List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more</li> </ul>										
<ul> <li>Yes.</li> <li>4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more</li> </ul>	_		, ,	-		cchodulos				
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more			ave nothing to report in this part.	Capitile and form to the	Sourt with your other	ooriedules.				
unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more	×	res.								

Total claim

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Debtor	Kristi 5 Schneider		Case number (if known) 24-22901	
4.1	ADS/Comenity/BigLot Nonpriority Creditor's Name	_ Last 4 digits of account number	8040	\$1,004.00
	POBox 182120 Columbus, OH 43218	When was the debt incurred?	05/2021	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☑ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans	a diami.	
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	agreement of arrered that year are not	
	⊠ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	☑ Other. Specify Credit card	purchases	
4.2	Ally Credit Card/CWS	Last 4 digits of account number	7993	\$3,628.00
	Nonpriority Creditor's Name			
	1000 N. West St., FI 11 Wilmington, DE 19801	When was the debt incurred?	7/2021	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	□ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	⊠ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	☑ Other. Specify Credit card	purchases	
4.3	American Express	Last 4 digits of account number	6303	\$2,023.00
	Nonpriority Creditor's Name			<del></del>
	PO Box 981538 El Paso, TX 79998	When was the debt incurred?	02/2024	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	□ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	⊠ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	☑ Other. Specify Credit card	purchases	
4.4	Capital One	Last 4 digits of account number	5597	\$1,841.00
	Nonpriority Creditor's Name			,
	PO B 31293	When was the debt incurred?	7/2007	
	Salt Lake City, UT 84131			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☑ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	<del>-</del>	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	agreement of divorce that you did not	
	⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	☐ Other Specify Credit card		

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4.5	Credit One Bank	Last 4 digits of account number 9364	\$1,336.00
	Nonpriority Creditor's Name	<del></del>	
	PO Box 98875	When was the debt incurred? 11/30/2022	
	Las Vegas, NV 89193	_	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	□ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	⊠ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☑ Other. Specify	
4.6	D. Scott Lautner, Esquire	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name		*****
	68 Old Clairton Road	When was the debt incurred?	
	Pittsburgh, PA 15236		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	□ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	⊠ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☑ Other. Specify attorney for Mark Panza	
1			
4.7	JPMCB Card	Last 4 digits of account number 4740	\$3,766.00
	Nonpriority Creditor's Name	44/0004	
	PO Box 15369	When was the debt incurred? 11/2021	
	Wilmington, DE 19850		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	— .	
	☑ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	⊠ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☑ Other. Specify Credit card purchases	

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Debtor 1 Kristi S Schneider Case number (if known) 24-22901 K & S Real Estate \$5,134.00 4 8 Last 4 digits of account number Nonpriority Creditor's Name 13890 Route 30 2023 When was the debt incurred? Irwin, PA 15642 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated □ Disputed ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☑ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ○ Other. Specify disputed claim of former landlord \$0.00 K & S Real Estate Last 4 digits of account number Nonpriority Creditor's Name 110 Whitaker Way When was the debt incurred? Homestead, PA 15120 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ☑ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Mark Panza, dba Voyager 4.1 Contracting, LLC 6658 \$12,000.00 Last 4 digits of account number Nonpriority Creditor's Name 419 Isabella Avenue 12/21/2023 When was the debt incurred? Charleroi, PA 15022 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☑ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify **\_disputed home repairs** 

☐ Yes

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Debtor 1 Kristi S Schneider 24-22901 Case number (if known) State of California \$55,685.00 1997 Last 4 digits of account number Nonpriority Creditor's Name Franchise Tax Board 2004-2013 When was the debt incurred? PO Box 942867 Sacramento, CA 94267-0011 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Disputed ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☑ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☑ Other. Specify state taxes 2004-2013 SYNCB/Amazon 4578 \$286.00 Last 4 digits of account number Nonpriority Creditor's Name POB 71727 12/2021 When was the debt incurred? Philadelphia, PA 19176 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ No ☐ Yes 4.1 \$3,348.00 SYNCB/Care Credit 1918 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965036 When was the debt incurred? 5/2021 Orlando, FL 32896 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Check if this claim is for a community ☐ Student loans  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ⊠ No ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

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Debt	or 1 Kristi S Schneider		Case number (if known) 24-22901	
4.1	OVALOR/RRO		4440	<b>#2.540.00</b>
4	SYNCB/PPC Nonpriority Creditor's Name	_ Last 4 digits of account number	4419	\$3,549.00
	PO Box 530975	When was the debt incurred?	2/2022	
	Orlando, FL 32896	When was the dept incurred?	LILULL	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	<b>,</b>		
	☑ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	⊠ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	 □ Yes	☐ Other Specify Credit card		
	☐ 165	Other. Specify	ригописсо	
4.1				
5	The Home Depot/Citibank	Last 4 digits of account number	3532	\$2,075.00
	Nonpriority Creditor's Name			
	POB 6497	When was the debt incurred?	02/2024	
	Sioux Falls, SD 57117	_		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	□ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	□ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	⊠ No	☐ Debts to pension or profit-sharin		
	☐ Yes	☐ Other. Specify Credit card	purchases	
4.1 6	USAA Savings Bank	Last 4 digits of account number	7082	\$1,031.00
	Nonpriority Creditor's Name			
	POBox 33009	When was the debt incurred?	11/2012	
	San Antonio, TX 78265			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☑ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	⊠ No	☐ Debts to pension or profit-sharin	a plans, and other similar debts	

☐ Yes

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Document Page 18 of 48 Debtor 1 Kristi S Schneider Case number (if known) 24-22901 VIVE/TBOM \$982.00 1098 Last 4 digits of account number Nonpriority Creditor's Name 380 W. Data Drive, Ste. 200 7/13/2022 When was the debt incurred? Draper, UT 84020 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☑ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.1 \$4,009.00 Wells Fargo Bank, NA 9151 Last 4 digits of account number Nonpriority Creditor's Name PO Box 14487 11/4/2024 When was the debt incurred? Des Moines, IA 50309 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☑ No ☐ Debts to pension or profit-sharing plans, and other similar debts ○ Other. Specify Credit card purchases ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a. 0.00 Total claims Taxes and certain other debts you owe the government from Part 1 6b. 8,593.00 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 6e. 8,593.00 **Total Claim** 6f. 0.00

ı Otai	Ciaiiiis	
from	Part 2	

6e.	Total Priority. Add lines 6a through 6d.	6e.
6f.	Student loans	6f.
6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.
6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.

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Fill in this information to identify your case:					
Debtor 1 Kristi S Schneider					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		WESTERN DISTRICT (	OF PENNSYLVANIA		
_	4-22901				
(if known)					<ul><li>Check if this is an amended filing</li></ul>

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the er, Street, City, State and ZIP (	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
0.0	City		State	ZIP Code	
2.2	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3					<u>_</u>
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
			•	•	

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		Docume	nt Page 20 o	† 48	
Fill in thi	s information to identify you	ır case:			
Debtor 1	Kristi S Schneid	der			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	ling) First Name	Middle Name	Last Name		
	-				
United St	ates Bankruptcy Court for the	WESTERN DISTRICT	OF PENNSYLVANIA		
	nber <b>24-22901</b>				
(if known)					☐ Check if this is an amended filing
					difference filling
Officia	al Form 106H				
Sche	dule H: Your Co	debtors			12/15
our nam 1. Do ⊠ No □ Ye	e and case number (if know you have any codebtors? (	n). Answer every questior If you are filing a joint case,	do not list either spouse	as a codebtor.	of any Additional Pages, write
Arizo	na, California, Idaho, Louisian				dialog and territoriog include
	o. Go to line 3. es. Did your spouse, former sp	ouse, or legal equivalent liv	e with you at the time?		
in lin Form	e 2 again as a codebtor only	y if that person is a guaraı	ntor or cosigner. Make	sure you have listed th 16G). Use Schedule D, S	with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Name, Number, Street, City, State and	ZIP Code		Check all schedules	
3.1	Name			Schedule D, line Schedule E/F, lire Schedule G, line	ne
	Number Street City	State	ZIP Code		
			Z.ii 000e		
3.2	Name			_ ☐ Schedule D, line☐ Schedule E/F, lir☐ Schedule G, line	ne
	Number Street	04-4-	710.0	_	
	City	State	ZIP Code		

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Fill	in this information to identify your	case:							
	btor 1 Kristi S Sch								
_	btor 2 buse, if filing)				_				
Uni	ited States Bankruptcy Court for th	e: WESTERN DISTRICT	Γ OF PENNSYLVANI	A	_				
	se number <b>24-22901</b>		-						chapter
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and yo ch a separate sheet to this form.  The describe Employment Fill in your employment	u are married and not fili ur spouse is not filing w . On the top of any additi	ng jointly, and your ith you, do not inclu	spouse de infor	is liv natio	ing with you, incl on about your spo	ude informat ouse. If more	ion about space is	your needed,
	information.		Debtor 1			Debtor 2	or non-filing	j spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	⊠ Employed             □ Not employed             □			☐ Emplo	•		
	employers.  Include part-time, seasonal, or self-employed work.	Occupation  Employer's name	recruiter Zearn						
	Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 20 New York, NY 1	0116					
		How long employed t	here? <u>two yea</u>	ars					
Par	rt 2: Give Details About Mo	onthly Income							
	mate monthly income as of the dess you are separated.	late you file this form. If y	ou have nothing to rep	oort for ar	ny lin	e, write \$0 in the sp	ace. Include y	our non-fil	ing spouse
•	ou or your non-filing spouse have m e space, attach a separate sheet to		ombine the informatio	n for all e	emplo	oyers for that perso	on on the lines	below. If y	ou need
						For Debtor 1	For Debtor		
2.	List monthly gross wages, sale deductions). If not paid monthly,			2.	\$	8,583.34	\$	N/A	
3.	Estimate and list monthly over	rtime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$	8,583.34	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

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Debt	or 1	Kristi S Schneider		Case r	number ( <i>if known</i> )	24-22	901	
				For	Debtor 1		ebtor 2 or iling spouse	
	Cop	by line 4 here	4.	\$	8,583.34	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,188.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$_	132.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$ <u></u>	0.00	\$	N/A	
	5g.	Union dues	5g.	\$ <u></u>	0.00	—	N/A N/A	
	5h.	Other deductions. Specify:	_ 5h.+	· · ·		+ \$		
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <u> </u>	2,320.00	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,263.34	\$	N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	_ 8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	(	\$,263.34 +		N/A = \$6	,263.34
11.	Incluothe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•		hedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies			•		· -	,263.34
							Combined monthly i	
13.	Do :	you expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				•	

Official Form 106l Schedule I: Your Income page 2

Fill in this in	nformation to identify us	onir 0000:						
FIII III UIIS II	nformation to identify yo	our case.						
Debtor 1	Kristi S Schr	neider					if this is:	
Debtor 2 (Spouse, if fil						Α	n amended filing supplement show xpenses as of the	ing postpetition chapter 13 following date:
United States	s Bankruptcy Court for the	: WESTE	RN DISTRICT OF PENNS	YLVANIA		M	M / DD / YYYY	
Case numbe	er <b>24-22901</b>							
(If known)								
Officia	l Form 106J							
Sched	dule J: Your	 Expen	ises					12/15
Be as com informatio	plete and accurate as	possible. eded, attac	If two married people are					
	Describe Your House	hold						
⊠ No	s a joint case?  b. Go to line 2.  cs. Does Debtor 2 live	in a separa	ate household?					
	☐ No ☐ Yes. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of D	ebto	r 2.	
2. Do yo	ou have dependents?	⊠ No						
Do no Debto	ot list Debtor 1 and or 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?
	ot state the indents names.							□ No □ Yes
								□ No □ Yes
				-				□ No
				-				☐ Yes ☐ No
		_						Yes
expen	our expenses includenses of people other the self and your dependente	han 🗌	No Yes					
Estimate y expenses applicable Include ex	as of a date after the leate.  penses paid for with recent assistance and ha	our bankrubto	y Expenses uptcy filing date unless y y is filed. If this is a supp government assistance if ed it on Schedule I: Your	lemental <i>Schedule</i> you know the				the form and fill in the
	ental or home owners ents and any rent for the		ses for your residence. Ir r lot.	nclude first mortgage		\$		0.00
If not	included in line 4:							
4a.	Real estate taxes				4a.	\$		0.00
	Property, homeowner's				4b.			0.00
	Home maintenance, re Homeowner's associat				4c.			250.00 0.00
			our residence, such as hor	me equity loans	4d. 5.	\$		0.00
6. Utilitie								
	Electricity, heat, natura	•			6a.			
	Water, sewer, garbage		satellite, and cable services		6b. 6c.	\$ \$		120.00 270.00
	Other. Specify:		satellite, and cable services		6d.			0.00

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ebtor 1 Kristi S Schneider	Case number (if k	nown) <b>24-22901</b>
Food and housekeeping supplies	7. \$	515.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	100.00
Personal care products and services	<del></del>	45.00
Medical and dental expenses	11. \$	317.00
Transportation. Include gas, maintenance, bus or train fare.	· · · · · · <u> </u>	
Do not include car payments.	12. \$	300.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
Charitable contributions and religious donations	14. \$	0.00
. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	100.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16. \$	0.00
Installment or lease payments:		
17a. Car payments for Vehicle 1		0.00
17b. Car payments for Vehicle 2		0.00
17c. Other. Specify:		0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report as		0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
Other payments you make to support others who do not live with you.	19.	0.00
Specify:  Other real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>		rome.
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
• •	20d. \$	200.00
20d. Maintenance, repair, and upkeep expenses	· —	0.00
<ul><li>20e. Homeowner's association or condominium dues</li><li>Other: Specify: pet food and pet care and medication</li></ul>	20e. \$	500.00
Other: Specify: pet food and pet care and medication	21. +\$	300.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$_	3,117.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ -	3,117.00
Calaulata varus manthly not income		·
Calculate your monthly net income.	00 - 4	0.000.04
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	6,263.34
23b. Copy your monthly expenses from line 22c above.	23b\$	3,117.00
22a Subtract your monthly evacage from your monthly income		
<ol> <li>Subtract your monthly expenses from your monthly income.</li> <li>The result is your monthly net income.</li> </ol>	23c. \$	3,146,34
The result is your monthly net income.	230. μ	3,140.34

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

∐ No.
-------

X Yes.

Explain here: Debtor is chronically ill and requires assistance in the home, due to her illness, for which she expects her expenses to increase within the year after the date of this petition.

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Fill in this info	rmation to identify yo	ur case:			
Debtor 1	Kristi S Schnei	der			
D.11. 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	sankruptcy Court for the	: WESTERN DISTRICT	Γ OF PENNSYLVANIA		
Case number (if known)	24-22901			☐ Check if thi amended fi	
Official For <b>Declara</b>		an Individua	ıl Debtor's Sch	iedules	12/15
You must file thobasis	nis form whenever you	ı file bankruptcy schedul d in connection with a ba		ct information. //aking a false statement, concealing profines up to \$250,000, or imprisonment fo	
Sig	gn Below				
Did you p	ay or agree to pay sor	neone who is NOT an att	orney to help you fill out bar	nkruptcy forms?	
⊠ No □ Yes.	Name of person			Attach Bankruptcy Petition Prepan Declaration, and Signature (Officia	
	alty of perjury, I decla re true and correct.	re that I have read the su	ımmary and schedules filed v	with this declaration and	
Kristi	isti S Schneider S Schneider ure of Debtor 1		X Signature of De	ebtor 2	

Date

Date **December 26, 2024** 

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Fill in this in	nformation to identify you	r case:			
Debtor 1	Kristi S Schneid	er			
D. L. C.	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	WESTERN DISTRICT OF	F PENNSYLVANIA		
Case numbe	r <b>24-22901</b>				
(if known)				_	Check if this is an amended filing
					J
Official	Form 107				
		Affairs for Individ	duale Filing for B	ankruntov	04/22
				<u> </u>	
		ible. If two married people a I, attach a separate sheet to			
	nown). Answer every que		·		
Part 1: G	ive Details About Your Ma	arital Status and Where You	ı Lived Before		
1. What is	your current marital statu	us?			
_	•				
	rried : married				
2. During t	the last 3 years, have you	lived anywhere other than	where you live now?		
☐ No					
⊠ Yes	s. List all of the places you l	lived in the last 3 years. Do no	ot include where you live now	<b>'</b> .	
Debtor	1:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
640 Hi	llside Drive	From-To:	☐ Same as Debtor 1		☐ Same as Debtor 1
Pittsb	urgh, PA 15235	July 2020 to February of 2	N24		From-To:
		1 cordary or 2	<u></u>		
states and ter ⊠ No	ritories include Árizona, Ca	ver live with a spouse or leg difornia, Idaho, Louisiana, Ne chedule H: Your Codebtors (O	vada, New Mexico, Puerto R		
Part 2 Ex	xplain the Sources of You	u la como			
rait Z	cpiain the Sources of Tou	- Income			
Fill in the	e total amount of income yo	mployment or from operatir ou received from all jobs and a have income that you receiv	all businesses, including part	time activities.	ndar years?
□ No ⊠ Yes	s. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	ry 1 of current year until ı filed for bankruptcy:		\$90,125.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

Official Form 107

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					Debtor 1					Debtor 2			
						of income that apply.	Gross income (before deductions and exclusions)		and	Sources of income Check all that apply.		Gross income (before deductions and exclusions)	
			lar year: December 3	31, 2023 )	⊠ Wages bonuses,	s, commissions, tips		\$126,56	0.00	☐ Wages, com bonuses, tips	ımissions,		
					☐ Opera	ting a business				☐ Operating a	business		
For the calendar year before that: (January 1 to December 31, 2022)					☐ Wages, commissions, bonuses, tips								
					☐ Opera	ting a business				☐ Operating a	business		
	and o winnin	ither p ngs. If ach s No	ublic benef you are fili	t payments; ng a joint cas ne gross inco	pensions; re se and you h	ental income; inte nave income that	rest; div you rece	ridends; money eived together,	/ collect list it o		royalties; an ebtor 1.	ecurity, unemployment id gambling and lottery	
					Debtor 1					Debtor 2			
					Sources of Describe b		each (befo	ss income from source ore deductions usions)		Sources of inc Describe below		Gross income (before deductions and exclusions)	
			lar year: December 3	31, 2023 )	close ou withdrav			\$4,70	6.00				
Da	rt 3:	Liet	Cortain Ba	monte Vou	Mada Bafa	ore You Filed for	Bankru	ıntev					
ra								-					
Э.		No.	Neither De	btor 1 nor D	ebtor 2 ha	imarily consume s primarily cons amily, or househo	umer de	ebts. Consume	er debts	are defined in 11	U.S.C. § 10	01(8) as "incurred by an	
			$\square$ No.	90 days befo Go to line 7		for bankruptcy, d	id you p	ay any credito	r a total	of \$7,575* or mo	re?		
			□ <sub>Yes</sub>	paid that cre	editor. Do n		nts for d	omestic suppo				the total amount you and alimony. Also, do	
			* Subject t						iled on (	or after the date o	of adjustment	t.	
	⊠ '					e <b>primarily cons</b> for bankruptcy, d			r a total	of \$600 or more?	)		
			⊠ <sub>No.</sub>	Go to line 7									
			☐ <sub>Yes</sub>		ments for d	omestic support o						it creditor. Do not include payments to an	
	Cred	litor's	Name and	Address		Dates of payme	ent	Total amou		Amount you	Was this	payment for	
								p	aid	still owe			

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7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No											
	Yes. List all payments to an insider.  Insider's Name and Address	Dates of payment	Total amount	Amount you		this payment						
			paid	still owe								
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited at insider?  Include payments on debts guaranteed or cosigned by an insider.											
	<ul><li>No</li><li>Yes. List all payments to an insider</li></ul>											
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment litor's name						
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures										
9.	Within 1 year before you filed for bankruptc List all such matters, including personal injury of modifications, and contract disputes.  ☐ No ☐ Yes. Fill in the details.											
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case						
	Mark Panza d/b/a Voyager Contracting LLC v. Schneider AR 24-6658	Civil	Court of Commo Allegheny Coun 414 Grant Street Pittsburgh, PA 1	ity t	Pendin On app Conclu  disputed to contract	eal						
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		rty repossessed, fo	reclosed, garr	nished, attache	d, seized, or levied?						
	<ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>											
	Creditor Name and Address	Describe the Property		Dat	е	Value of the						
		Explain what happened				property						
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ⊠ No ☐ Yes. Fill in the details.	kruptcy, did any creditor, including a bank or financial institution, set off any amounts from your										
	Creditor Name and Address	Describe the action the	creditor took	Dat tak	e action was en	Amount						
12.	Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or ar ⊠ No □ Yes		rty in the possessio	on of an assigi	nee for the ben	efit of creditors, a						

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Ра	rt 5: List Certain Gifts and Contributions	s			
13.	Within 2 years before you filed for bankro  ☑ No ☐ Yes. Fill in the details for each gift.	uptcy,	did you give any gifts with a total value of more t	han \$600 per persor	1?
	Gifts with a total value of more than \$60 per person	0	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankro  No  Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a totation.	al value of more thar	n \$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value
Pa	rt 6: List Certain Losses				
15.	Within 1 year before you filed for bankrul disaster, or gambling?  ☑ No ☐ Yes. Fill in the details.	ptcy or	r since you filed for bankruptcy, did you lose any	thing because of the	eft, fire, other
	Describe the property you lost and how the loss occurred	Include	ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pa	rt 7: List Certain Payments or Transfers				
	Within 1 year before you filed for bankru consulted about seeking bankruptcy or p	ptcy, d prepari	id you or anyone else acting on your behalf pay on a bankruptcy petition? rs, or credit counseling agencies for services required		erty to anyone you
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Mary Bower Sheats 1195 Washington Pike Bridgeville, PA 15017 mary@mbsheatslaw.com		\$2,163	November 21, 2024	\$2,163.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that  No	litors o		or transfer any propo	erty to anyone who
	Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Debtor 1 Kristi S Schneider Case number (if known) 24-22901

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.										
	Person Who Received Transfer Address	Description and property transfer		pay	cribe any property or ments received or debts d in exchange	Date transfer was made					
	Person's relationship to you				g-						
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot ☐ No ☐ Yes. Fill in the details.		, did you transfer any property to a self-settled trust or similar device of w tion devices.)								
	Name of trust	Description and	value of the pr	operty tra	nsferred	Date Transfer was made					
Pai	rt 8: List of Certain Financial Accounts, Inst	truments, Safe Deposi	it Boxes, and S	Storage U	nits						
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ   No  Yes. Fill in the details.	other financial accou	ınts; certificate	es of depo		,					
		Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer					
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?										
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>										
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describ	e the contents	Do you still have it?					
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?										
	<ul><li>☑ No</li><li>☐ Yes. Fill in the details.</li></ul>										
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describ	e the contents	Do you still have it?					
Pai	rt 9: Identify Property You Hold or Control f	or Someone Else									
23.	Do you hold or control any property that son for someone.	neone else owns? Incl	ude any prope	erty you b	orrowed from, are storing	for, or hold in trust					
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>										
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the proj (Number, Street, City, S Code)		Describ	e the property	Value					
Pai	rt 10: Give Details About Environmental Info	rmation									
For	the purpose of Part 10, the following definitio	ns apply:									
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these site means any location, facility, or property	e air, land, soil, surfac substances, wastes, o	e water, groun or material.	idwater, o	r other medium, including	statutes or					

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

to own, operate, or utilize it, including disposal sites.

page 5

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Debtor 1 Kristi S Schneider Case number (if known) 24-22901

hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Date of notice Governmental unit Environmental law, if you Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Date of notice Name of site Governmental unit Environmental law, if you know it Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  $\boxtimes$ No Yes. Fill in the details. Case Title Nature of the case Court or agency Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation ☐ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed** Kristi Schneider EIN: recruiting 1020 Jefferson Heights Road From-To various years during the last self Pittsburgh, PA 15235 decade 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code)

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Debtor 1 Kristi S Schneider Case number (if known) 24-22901

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kristi S Schneider

Kristi S Schneider

Signature of Debtor 2

Signature of Debtor 1

Date December 26, 2024

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Fill in this information to identify your case:						
Debtor 1	Kristi S Schneider					
Debtor 2 (Spouse, if filing)						
United States B	ankruptcy Court for the: Western District of Pennsylvania					
Case number (if known)	24-22901					

Check as directed in lines 17 and 21:									
According to the calculations required by this Statement:									
$\boxtimes$	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
$\boxtimes$	4. The commitment period is 5 years.								
Check if this is an amended filing									

#### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Par	1: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one of	only.							
	Not married. Fill out Column A, lines 2-11.								
	☐ Married. Fill out both Columns A and B, lines 2-11								
F a	Il in the average monthly income that you received from all or example, if you are filing on September 15, the 6-month period the income for all 6 months and divide the total by 6. Fill in the ntal property, put the income from that property in one column	od would b ne result. I	oe March Do not inc	1 throug dude an	gh August y income	31. If the amount	e amount of your more than once.	monthly income varied durin For example, if both spouse	g the 6 months,
						Colum		Column B	
						Debto	r 1	Debtor 2 or non-filing spouse	
0	V			(1-	- <b>f</b>			non-ming spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissi	ons (D	etore all	\$	8,584.00	\$	
3.	<b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.	e payme	nts from	a spo	use if	\$	0.00	\$	
4.	All amounts from any source which are regularly polynous or your dependents, including child support from an unmarried partner, members of your househo and roommates. Do not include payments from a spouyou listed on line 3.	<b>t.</b> Includated	e regula: depende	r contri nts, pa	butions rents,	\$	0.00	\$	
5.	Net income from operating a business,								
	profession, or farm	Debtor	1						
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	<b>-</b> \$	0.00						
	Net monthly income from a business, profession, or fa	rm \$ _	0.00	Сору	here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor	1						
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from rental or other real property	\$	0.00	Сору	here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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24-22901

Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 7. Interest, dividends, and royalties 0.00 0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you .....\$ \_\_\_ For your spouse.....\$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired 0.00 under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 8,584.00 8,584.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 8,584.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Total..... Copy here=> 8,584.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=>..... 8.584.00

Kristi S Schneider

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Debto	or 1	Kris	ti S Schneider		Case number (if known)	24-22901		
		М	ultiply line 15a by 12 (the number of months i	n a year).			X	12
	15	b. Th	ne result is your current monthly income for th	e year for this part of t	he form		\$	103,008.00
16.	Cal	culate	the median family income that applies to	<b>you.</b> Follow these step	OS:			
	16a	. Fill ir	n the state in which you live.	PA				
	16b	. Fill ir	n the number of people in your household.	1				
		To fi	n the median family income for your state and and a list of applicable median income amount uctions for this form. This list may also be ava	s, go online using the	ink specified in the separate	••••	\$	65,737.00
17.		_	he lines compare?					
	17a		Line 15b is less than or equal to line 16c. C <i>U.S.C.</i> § 1325(b)(3). <b>Go to Part 3.</b> Do NO					ermined under 11
	17b	. 🗵 ı	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Dispo	check box 2, <i>Disposable incor</i> osable Income (Official Form	me is determin <b>122C-2).</b> On I	ied und ine 39	der 11 U.S.C. § of that form, copy
Part	3:	Ca	Iculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)				
18.	Cop	у уог	ır total average monthly income from line	11		\$ <sub>_</sub>		8,584.00
19.	that	calcu	ne marital adjustment if it applies. If you are lating the commitment period under 11 U.S.C opy the amount from line 13.	e married, your spouse . § 1325(b)(4) allows y	is not filing with you, and you cout to deduct part of your spou	contend se's		
	19a	. If the	marital adjustment does not apply, fill in 0 or	n line 19a.		<b>-</b> \$_		0.00
	19b	. Subi	ract line 19a from line 18.				\$	8,584.00
20.	Cal	culate	your current monthly income for the year	. Follow these steps:				
	20a	. Copy	/ line 19b				\$	8,584.00
		Multi	ply by 12 (the number of months in a year).				¥	12
		Widiti	pry by 12 (the number of months in a year).					
	20b	. The	result is your current monthly income for the y	ear for this part of the	form		\$	103,008.00
	20c	Сору	$\gamma$ the median family income for your state and	size of household from	n line 16c		\$	65,737.00
	21.	How	do the lines compare?					
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the cou	rt, on the top of page 1 of this f	form, check bo	эх 3, <i>ТН</i>	he commitment
		$\boxtimes$	Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise ordere	d by the court, on the top of pa	ige 1 of this fo	rm, che	eck box 4, <i>The</i>
Part X	By s  ( <u>/s/</u> Kr Sig Date	Krisisti Signatur  E De MM	gn Below g here, under penalty of perjury I declare that ti S Schneider S Schneider e of Debtor 1 ecember 26, 2024 I / DD / YYYY cked 17a, do NOT fill out or file Form 122C-2	<u> </u>				
	ır yc	u cne	cked 17b, fill out Form 122C-2 and file it with	uns iorm. On line 39 o	ı macıonıi, copy your current n	nonthly income	ırom	iiile 14 above.

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Fill in	this infor	mation to id	entify your case:						
Debtor	· 1 _	Kristi S Sc	hneider						
Debtor (Spous	· 2 se, if filing)	)							
United	States Ba	ankruptcy Co	urt for the: Western District of P	ennsylvan	ia				
Case r	_	24-22901					Check if	this is an amende	ed filing
	Form 12 pter 1		ulation of Your Di	sposa	able Inco	me			04/22
To fill c	out this fo	rm, you will	need your completed copy of (	_			onthly Inc	come and Calculat	ion of
Part 1: The queinfo	Calc Internal F stions in rmation r	r name and culate Your I Revenue Ser lines 6-15. T nay also be	parate sheet to this form, Included case number (if known).  Deductions from Your Income vice (IRS) issues National and Less find the IRS standards, go on available at the bankruptcy cleints set out in lines 6-15 regardless.	ocal Star line using k's office	ndards for certa g the link speci actual expense. I	in expense amor fied in the separ	unts. Use ate instru e form, yo	e these amounts to uctions for this for ou will use some of	o answer the the m. This your actual
			r than the standards. Do not inclu- t any amounts that you subtracted						nd 6 of Form
If yo	ur expens	es differ fron	n month to month, enter the avera	ge expens	se.				
Note	e: Line nur	mbers 1-4 ar	e not used in this form. These nur	nbers app	ly to information	required by a sim	nilar form	used in chapter 7 c	ases.
5.	The num	nber of peop	le used in determining your de	ductions 1	from income				_
	the numb	er of any ad	eople who could be claimed as ex ditional dependents whom you su our household.					1 Living Housing	
Nati	ional Star	ndards	You must use the IRS Nation	al Standar	ds to answer the	e questions in line	es 6-7.		
6.	6. <b>Food, clothing, and other items:</b> Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 808.00								
7.	the dollar people w	r amount for ho are 65 or	n care allowance: Using the num out-of-pocket health care. The nu olderbecause older people have mount, you may deduct the additi	mber of pe e a higher	eople is split into IRS allowance f	two categoriesp	people wh	no are under 65 and	i
Peo	ple who a	are under 65	years of age						
	7a. Out	-of-pocket he	ealth care allowance per person	\$	83.00				
	7b. Nur	nber of peop	e who are under 65	x	1_				
	7c. <b>Sub</b>	<b>total.</b> Multip	ly line 7a by line 7b.	\$	83.00	Copy here=>	> \$	83.00	

People who are 65 years of age or older

\$ <u>158.00</u>

7d. Out-of-pocket health care allowance per person
Official Form 122C-2
Chapter 13

Chapter 13 Calculation of Your Disposable Income

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ebtor 1	K	(risti S S	chneider			-	Case number	(if known)	24-22901		
-	7e.	Number	of people who are 65 or old	der	x	0					
7	7f.	Subtotal.	Multiply line 7d by line 7e.		\$	0.00	Copy here	=> \$	0.00		
-	7g.	Total. Ad	ld line 7c and line 7f			\$	83.00	Сор	y total here=>	\$	83.00
Loca	l Sta	andards	You must use the IRS Loc	cal Standards to a	answer the	questions in I	ines 8-15.				
purpo Ho Ho To and instruted	ose: ousi ousi nsw uctio Hou	s into two ing and u ing and u er the que ons for th using and	tion from the IRS, the U.S parts: tilities - Insurance and op tilities - Mortgage or rent estions in lines 8-9, use th is form. This chart may a utilities - Insurance and o	perating expense expenses le U.S. Trustee P llso be available perating expens	es rogram ch at the bar ses: Using	nart. To find th nkruptcy cleri the number of	ne chart, go c	online usin	g the link spe		he separate 622.00
			utilities - Mortgage or rer		operating (	expenses.			Φ_		622.00
ę	9a.		e number of people you ent your county for mortgage o		in the dolla	ar amount		\$	1,087.00		
ę	9b.	Total ave	rage monthly payment for	all mortgages and	d other deb	ots secured by	your home.				
		To calculate the total average monthly payment, add all amounts the contractually due to each secured creditor in the 60 months after you bankruptcy. Next divide by 60.									
		Name of	the creditor		Avera paym	ge monthly ent					
		М & Т Е	ank Mortgage		\$	2,909.00	_				
			9b. Total average n	nonthly payment	\$	2,909.00	Copy here=>	-\$	2,909.00	Repeat th on line 33	
(	9c.	Net mort	gage or rent expense.								
			line 9b ( <i>total average montl</i> ense). If this number is less			ortgage or	\$	0.0	Copy here=>	\$	0.00
			hat the U.S. Trustee Prog liculation of your monthly					g is incorre	ect and	\$	0.00
	Ex	plain why:									

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Kristi S Schneider 24-22901 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 285.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 2021 Subaru Outback 34000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 619.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **USAA Federal Savings Bank** 459.43 Repeat this Сору 459.43 amount on line 33b. **Total Average Monthly Payment** 459.43 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 159.57 159.57 Vehicle 2 Describe Vehicle 2: 0.00 13d. Ownership or leasing costs using IRS Local Standard..... 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation. 0.00 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. 0.00

Debtor 1 Kristi S Schneider Case number (if known) 24-22901

16. Taxes: The total monthly amount that you will actually say for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include amounts that you make for your spouse's term life insurance. Or for any form of life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term by our make your spouse's term life insurance, or for any form of life insurance chest than term.  19. Court-or-dered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  20. Do not include payments an past due obligations for spousal or child support. You will list these obligations in line 35.  21. Childcare: The total monthly amount that you pay for education that is either required:  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total enterted in line 7.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for the production of income, if it is not reimbursed by your employer.  23. Optional telephone and the least how the form that is more than the total enterted in line 7.  24.	Oth	er Necessary Expenses	In addition to the expense the following IRS categorie		s listed above	, you are allowed your monthly expense	s for	
union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. If two married people are filing together, include payments on past due obligations for spouse's term life insurance of the insurance of this support payments.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spoused or child support payments. Do not include payments on past due obligations for spoused or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  2a so condition for your job, or  2d for your physically or mentally challenged dependent child if no public education is available for similar services. Do not include payments for any elementary or secondary school education. Do not include payments for any elementary or secondary school education. Do not include for the health insurance ossess. The monthly amount that you pay for health care that is required for the health insurance or health savings accounts health be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the action theosessity for your health and vertice or that of your dependents or from the production of the production o	16.	self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld fron your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.						2,516.00
18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance.  Do not include premiums for life insurance or your dependents, for a non-filling spouse's life insurance, or for any form of life insurance or pour dependents, for a non-filling spouse's life insurance, or for any form of life insurance or your dependents, for a non-filling spouse's life insurance, or for any form of life insurance or payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Solution: The total monthly amount that you pay for education that is either required:  as a condition for your physically or mentally challenged dependent child if no public education is available for similar services.  Continuous payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Continuous payments and welfare of you or your dependents, and that is not reinbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  Coptional telephone and telephone services: The total monthly amount that you pay for felecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and ventile or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basis to more letephone, internet and cell phone service. Do not includes of the tempta internet payment the capture of the feath insurance, disability insurance, and health savings accounts the life or the capture of your dependents.  Health insurance.  Solution t	17.	union dues, and uniform co	sts.					
together, include paryments that you make for your spouse's term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  20. Education: The total monthly amount that you pay for education that is either required:  21. Childcare: The total monthly amount that you pay for education that is either required:  22. Additional health care expenses, excluding insurance consets: The monthly amount that you pay for education.  23. Optional telephone and telephone services: The total monthly amount that si required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts include only the amount that is more than the total entered in line 7.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  24. Add all of the expenses allowed under the IRS expense allowances.  25. Additional Expense Deductions  26. These are additional deductions allowed by the Means Test.  27. Worker Do not include any expenses of official from 122C-1, or any amount you previously deducted.  28. 14,630.57  29. Optional telephone and telephone are additional deductions allowed by the Means Test.  29. No. How much do you actually spend?  29. No. How much do you actually spend?  29.					•			0.00
agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00  20 Education: The total monthly amount that you pay for education that is either required:  ② as a condition for your job, or ② for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts and that is not reimbursed by insurance or paid by a health savings accounts include only the mount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deduction  15. These are additional deductions	18.	together, include payments Do not include premiums fo	that you make for your spo r life insurance on your depe	use's tern	n life insurance	e	of	0.00
Education: The total monthly amount that you pay for education that is either required:    3 as a condition for your job, or   3	19.	agency, such as spousal or	child support payments.			·	\$	0.00
Sea a condition for your job. or   Sor your physically or mentally challenged dependent child if no public education is available for similar services.   Sol.00	20				• •	· ·	<u> </u>	<u> </u>
Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  □ is a surface surface and support of an elderly chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for total here⇒  □ oyou actually spend this total amount?  □ No. How much do you actually spend?  □ yes  26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pa	20.	□ as a condition for your journing as a condition for your jour jour jour jour jour jour jour j	ob, or			·	\$	0.00
is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses ellowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 124.00  Disability insurance  \$ 317.75  Copy total here=>  No. How much do you actually spend?  Yes  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderty, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a	21.				•	sitting, daycare, nursery, and preschool.	\$	0.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4\$ 0.00  24. Add all of the expenses allowed under the IRS expense allowances.  Add ilines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  Disability insurance  \$ 124.00  Disability insurance  \$ 317.75  Copy total here=> \$ 0.00  Yes  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	22.	is required for the health an health savings account. Inc	nd welfare of you or your dep llude only the amount that is	pendents more tha	and that is not an the total ent	reimbursed by insurance or paid by a ered in line 7.		157.00
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4\$	00	•	ŭ			•	» —	157.00
Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  Disability insurance  \$ 124.00  Disability insurance  \$ 0.00  Health savings account  + \$ 193.75  Total  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	23.	for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment					<b>+</b> \$	0.00
Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 124.00  Disability insurance  \$ 0.00  Health savings account  + \$ 193.75  Total  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	24.	·						4,630.57
insurance, disability insurance, and health savings accounts that are reasonably necessary for your spouse, or your dependents.  Health insurance \$ 124.00   Disability insurance \$ 0.00   Health savings account + \$ 193.75    Total \$ 317.75   Copy total here=>	Add							
Disability insurance \$ 0.00  Health savings account +\$ 193.75  Total \$ 317.75 Copy total here=>	25.	insurance, disability insurar					or	
Health savings account  + \$ 193.75  Total  \$ 317.75  Copy total here=>		Health insurance		\$	124.00			
Do you actually spend this total amount? No. How much do you actually spend? Yes  S  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Disability insurance		\$	0.00			
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of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	continue to pay for the reas your household or member	sonable and necessary care of your immediate family w	and supp ho is unal	oort of an elder ble to pay for s	ly, chronically ill, or disabled member of uch expenses. These expenses may		0.00
	27.						у	
By law, the court must keep the nature of these expenses confidential. \$			•			or outer reactal laws that apply.	\$	0.00

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Kristi S Schneider Case number (if known) 24-22901 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Identify property that secures the debt Monthly cure Name of the creditor Total cure amount amount NONE- $\div 60 = $$ Copy total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims ...... 8,593.00 143.22 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense here=> 37. Add all of the deductions for debt payment. Add lines 33e through 36. 3,511.65 **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances ..... 4,630.57 Copy line 32, All of the additional expense deductions ......... 317.75 3,511.65 Copy line 37, All of the deductions for debt payment ..... 8.459.97 8,459.97 Total deductions..... Copy total here=>

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Kristi S Schneider Case number (*if known*) 24-22901 Debtor 1 Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period......\$ 8,584.00 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here ....=> 8,459.97 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense 0.00 0.00 0.00 here=>\$ 0.00 Total \$ Сору 8,459.97 8,459.97 44. **Total adjustments.** Add lines 40 through 43. ..... here=> -\$ 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. 124.03

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages

		in the increase occurred, and fill in the amount of the		the wages	
Form	Line	Reason for change	Date of change	Increase or	Amount of change

Official Form 122C-2

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Debtor 1	Kristi S Schneider	Case number (if known)	24-22901
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the informat	ion on this statement and in any att	achments is true and correct.
Х	/s/ Kristi S Schneider		
	Kristi S Schneider Signature of Debtor 1		
Date <sub>.</sub>	December 26, 2024 MM / DD / YYYYY		

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chap	ter 7:	Liquidation
	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 24-22901-CMB Doc 18 Filed 12/26/24 Entered 12/26/24 11:25:32 Desc Main Document Page 48 of 48

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Western District of Pennsylvania

In re	Kristi S Schneider		Case No.	24-22901
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATION	N OF ATTORNE	Y FOR DI	EBTOR(S)
ŗ	rursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify aid to me within one year before the filing of the petition in bankru ehalf of the debtor(s) in contemplation of or in connection with the	ptcy, or agreed to be paid	to me, for serv	
	For legal services, I have agreed to accept		\$	5,358.00
	Prior to the filing of this statement I have received		\$	2,163.00
	Balance Due		\$	3,195.00
2. 7	The source of the compensation paid to me was:  Debtor Other (specify):			
3. 7	The source of compensation to be paid to me is:  Debtor Dther (specify):			
4.	☐ I have not agreed to share the above-disclosed compensation wi	th any other person unless	they are mem	bers and associates of my law firm.
I	I have agreed to share the above-disclosed compensation with a of the agreement, together with a list of the names of the people			
5. ]	n return for the above-disclosed fee, I have agreed to render legal s	ervice for all aspects of th	e bankruptcy c	ease, including:
b c c	<ul> <li>Analysis of the debtor's financial situation, and rendering advice</li> <li>Preparation and filing of any petition, schedules, statement of af</li> <li>Representation of the debtor at the meeting of creditors and conf</li> <li>Representation of the debtor in adversary proceedings and other</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to reaffirmation agreements and applications as needed</li> <li>522(f)(2)(A) for avoidance of liens on household g</li> </ul>	fairs and plan which may irmation hearing, and any contested bankruptcy mat market value; exempti ded; preparation and	be required; adjourned hea ters; on planning;	rings thereof; preparation and filing of
6. I	By agreement with the debtor(s), the above-disclosed fee does not in Services rendered in excess of the no look fee will after court approval.	nclude the following servi I be the subject of fee	ce: petitions an	d will be paid through the plan
	CERTIF	TICATION		
	certify that the foregoing is a complete statement of any agreement aptcy proceeding.	or arrangement for payme	ent to me for re	presentation of the debtor(s) in this
_D		s/ Mary Sheats		
$D_{\ell}$	,	Mary Sheats Signature of Attorney Mary Bower Sheats		
	<u>_1</u>	(412) 281-7266 Fax: mary@mbsheatslaw.c Name of law firm	om	